

IN THE UNITED STATES DISTRICT COURT FOR  
THE WESTERN DISTRICT OF PENNSYLVANIA

LEROY RILEY  
plaintiff

FILED

CIVIL ACTION #.05-172 Erie

vs.

'06 FEB 28 10:41

CHARLES M. SIMPSON, et al.,  
defendants

CLERK

MOTION TO COMPEL DISCOVERY  
PLAINTIFF FIRST REQUEST FOR PRODUCTION  
OF DOCUMENTS

Plaintiff Leroy Riley, pro se, request defendants, to respond in 30 days;  
Pursuant to Rule 34(b) and 37(a) of Fed.R.Civ.p. plaintiff request that defendats, Charles M. Simpson, Kerri Cross, David MCCoy, Charles Shane, Mr. Gaston, and or the employers, Pennsylvania Department of Corrections, to provide and produce for inspection and copying the following documents:

1. Address, direction of service for each defendant, per Court Order dated January 17, 2006.

2. It is acceptable to have the defendants address, direction of service provided to the U.S. Marchals Service Western Dictriect 241 U.S. Court House 7th and Grant st, Pittsburgh, Pa 15219.

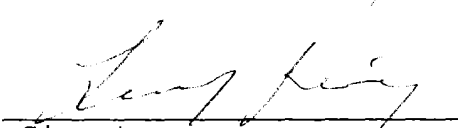
3. If so please complete the enclosed U.S.M. 285 (s) for each defendant:

4. if so desire forward to the plaintiff at SCI Forest P.O. Box 945, Marienville Pa, 16239.

5. Also needed for service is the full and correct name of correctional officer Mr. Gaston, last none place of employment Western State Prison, Pittsburgh, Pa.

Date: 2/8/06

SCI Forest, P.O. Box 945  
Marinevill, Pennsylvania.

  
Singature



UNSWORN DECLARATION

I, Jeremy Riley do hereby verify that the facts set forth in the herein Post Sentence Motion To Reconsider Sentence are true and correct to the best of my information and belief, and that any false statements herein are made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S.A. § 4904), relating to unsworn falsification to authorities.

NO NOTARY REQUIRED

Jeremy Riley

2/8/06



PROOF OF SERVICE

I Leroy Riley, Hereby verify that I am this day serving  
 a true and correct copy of the herein Motion to Compel  
 to the parties listed below and in the manner indicated:

Chief CounselDeputy Secretary WesternDept of CorrectionJohn M. McCullough2520 LISBURN ROADDept of CorrectionCamp Hill, PA 170012520 LISBURN ROADCamp Hill, PA 17001SERVICE U.S. MAIL AT SCI FOREST ONE WOODLAND DRIVEMARIENVILLE PA 19138Susan PARADISE BaxterUS MarshalsChief U.S. Magistrate JudgeWestern DistrictU.S. District Court241 U.S. DistrictWestern District of Pa7<sup>th</sup> Grant St17 South Park Row Rm 220Pittsburgh, PaErie, Pa 1650115219Dated;2/8/06Signature;Leroy Riley





U.S. Department of Justice

United States Marshals Service

Western District of Pennsylvania

241 U.S. Post Office and Courthouse  
7th Avenue and Grant Street  
Pittsburgh, PA 15219

January 25, 2006

Leroy Riley, FQ-8672  
SCI Forest  
P.O. Box 945  
Marienville, Pa. 16239-0945

Dear Mr./Ms. Riley,

Per Court Order dated 01/17/06 for case no. CAE05-0172 you are required to provide the U.S. Marshals Service with directions for service of each defendant. Please complete the enclosed U.S.M. 285(s)- for each of defendant(s) Simpson, Cross, McCoy, Shane, and Gaston and return it/them as soon as possible. Please ensure that each form is completed with proper and correct names and addresses. Facilities, Companies and/or Individuals will not accept service for an unknown or John or Jane Doe.

If you fail to return the correct and completed enclosed form(s) in the self-addressed envelope we have provided for you, we will be unable to complete service for you.

Sincerely,

THOMAS M. FITZGERALD  
UNITED STATES MARSHAL  
WESTERN DISTRICT OF PENNSYLVANIA

A handwritten signature in cursive script, reading "Sheila Blessing".

By: Sheila Blessing  
Administrative Support Assistant  
United States Marshals Service  
Western District of Pennsylvania

ENCLOSURES



U.S. Department of Justice  
 United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 CHARLES M. SIMPSON  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

#### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment. if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
 Rev. 12/15/80  
 Automated 01/00



USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 { **KERRI CROSS**  
 { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	Number of process to be served with this Form 285	
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	Check for service on U.S.A.	

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Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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Automated 01/00



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE AT	DAVID MCCOY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	Number of process to be served with this Form 285
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Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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Automated 01/00



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
CHARLES M. SHANE  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
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Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
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U.S. Department of Justice  
United States Marshals Service

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PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MR GASTON ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px;"></div>	Number of process to be served with this Form 285
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<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above ( <i>See remarks below</i> )					
Name and title of individual served ( <i>if not shown above</i> )				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
				Address ( <i>complete only different than shown above</i> )	
				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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